MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09783241	02-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13	1							63						
14	1							64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26	1							76						
27	1							77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39	1							89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	10							TOTAL IND.						
TOTAL DEP.	33							TOTAL DEP.						
TOTAL CLAIMS	39							TOTAL CLAIMS						

PTO-1360 (3-78)